PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

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07/29/2003 SMINASS1 00000036 10627290

01 FC:1001                    750.00 OP
02 FC:1202                    198.00 OP


Adjustment date: 01/12/2004  SZEWDIE1
07/29/2003 SMINASS1 00000036 10627290
02 FC:1202                   -198.00 OP


01/12/2004 SZEWDIE1 00000125 10627290

01 FC:1202                    180.00 OP


Repln. Ref: 01/12/2004 SZEWDIE1 0013531600
DA#:231925   Name/Number:10627290
FC: 9204                 $18.00 CR
```

PTO-1556
  (5/87)

TRANSMITTAL LETTER			Case No. 2003P05316US
Serial No. 10/627,290	Filing Date July 25, 2003	Examiner To Be Assigned	Group Art Unit To Be Assigned
Inventor(s) Kutay F. Ustuner et al.			
Title of Invention ADAPTIVE GRATING LOBE SUPPRESSION IN ULTRASOUND IMAGING			

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is Supplmental Information Disclosure Statement, PTO Form-1449, 1 Cited Reference, and return post cards.

☐ Small entity status of this application under 37 CFR § 1.27 has been established by verified statement previously submitted.

☐ Applicant claims small entity status. See 37 CFR1.27.

☐ Petition for a _____ month extension of time.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

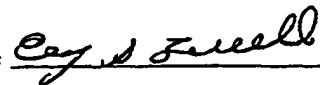|	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		or	Other Than Small Entity	
					Rate	Add'l Fee		Rate	Add'l Fee
Total		Minus			x $9 =			x $18 =	
Indep.		Minus			x 42 =			x $84 =	
First Presentation of Multiple Dep. Claim					+ $140 =			+ $280 =	
					Total add'l fee	$		Total add'l fee	$

☐ Please charge Deposit Account No. 23-1925 (BRINKS HOFER GILSON & LIONE) in the amount of $_____. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of $_____ to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this communication or credit any overpayment to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.

☒ I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Craig A. Summerfield
Registration No. 37,947
Attorney for Applicant

BRINKS HOFER GILSON & LIONE
P.O. BOX 10395
CHICAGO, ILLINOIS 60610
(312) 321-4200

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. on September 8, 2003.

Date: Sep. 8, 2003   Signature: Craig A. Summerfield

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	31	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	31 minus 20=	* 11
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ **OR** **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=		OR	X$18=	198
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	948

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.